



# COUNTY OF SAN DIEGO

## Department of Environmental Health Hazardous Materials Division Radiological Health Program

P.O. BOX 129261, SAN DIEGO, CA 92112-9261  
(619) 338-2969 FAX (619) 338-2592

KIVA #: \_\_\_\_\_

PLAN CHECK #: \_\_\_\_\_

ACTIVITY #: \_\_\_\_\_

FEE AMOUNT \$: \_\_\_\_\_

PAYMENT TYPE:

☐ CASH ☐ CHECK \_\_\_\_\_  
Check Number

### RADIATION SHIELDING PLAN CHECK APPLICATION

Plans submitted by: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Facility Name/ Owner's Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Job Site Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_ Zip: \_\_\_\_\_

#### X-RAY MACHINE INFORMATION

# of Rooms	Manufacturer	Model/Type
_____	_____	_____
_____	_____	_____

**OWNER/REPRESENTATIVE DECLARATION:** I understand that the fee paid is based on my declaration of the radiation shielding classification.  
If the declaration is incorrect, I understand that this application will not be approved until the appropriate fee is paid.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### This space for Office Use Only:

CLASSIFICATION		NO. OF ROOMS	FEES FY 06-07 (\$)	TOTAL
DENTAL (6HXDEN-EHO)	FIRST ROOM		70.00	
	EACH ADDT'L ROOM		20.00	
	ONSITE INSPECTION		35.00	
MEDICAL (6HXMED-EHO)	FIRST ROOM		75.00	
	EACH ADDT'L ROOM		35.00	
	ONSITE INSPECTION		75.00	
INDUSTRIAL (6HXIND-EHO)	FIRST ROOM		220.00	
	EACH ADDT'L ROOM		110.00	
	ONSITE INSPECTION		110.00	